

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

ESTABLISHED APRIL 15, 1870

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin



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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIX, No. 10

March 30, 1940

GUY P. JONES  
EDITOR

## Public Health Trends in California

W. M. DICKIE, M.D., Director, California State Department of Public Health

In so far as control of communicable disease is concerned the State of California in 1939 made the most enviable record in its history. There were fewer typhoid and diphtheria cases than had ever been reported during a single year and the deaths from these diseases were at a minimum. In spite of the fact that large numbers of unvaccinated individuals come into the state, there were but 708 cases of smallpox reported in 1939. Infant deaths were reduced greatly in numbers, particularly in the white race. Such rates are still high for foreign-born races—particularly Mexicans.

Great advances were made in the control of venereal diseases. The new laws that require examinations, including blood tests, before issuance of marriage licenses and blood tests for all prospective mothers, mark a distinct advance in venereal disease control in California. These laws became effective September 19, 1939, and in the months that have followed the marriage rate for the state fell from 35 to 40 per cent. The proximity of Nevada and Arizona, which have no laws requiring premarital examinations for syphilis, was responsible for this great reduction in the California marriage rate. After these laws shall have been in effect for a full year it is reasonable to assume that the state's marriage rate will return to approximately normal. A certain number of brides and bridegrooms will

always prefer to use the funds that might be devoted to securing physical examinations for financing honeymoon trips to Reno or Yuma. It is doubtful that either Nevada or Arizona will adopt legislation of this type and as long as those states make marriage easy, the California marriage rate will certainly be impaired. Eventually it would seem that the United States must develop uniform legislation to cover premarital examinations, in order that these discrepancies may not occur. There is no logical argument against the civic and sociological values that lie in the premarital examination laws, but the loop-hole in enforcement provided by both Arizona and Nevada constitutes a present handicap in the thorough enforcement of this law throughout California.

The extension of facilities for the treatment of venereal diseases in public clinics constitutes a most important advance in venereal disease control in this state. The visits to such clinics throughout California average more than 80,000 a month, and an average of 50,000 treatments for syphilis are administered in such clinics monthly. In the larger centers of population, industrial districts and in many smaller communities, where conditions warrant such activities, new clinics have been established and clinics already established have been expanded to accommodate the increased number of patients.



Through the provision of adequate facilities for the diagnosis, treatment and hospital care of the tuberculous the prevalence of tuberculosis has been reduced greatly and the death rate, in 25 years, has been reduced about two-thirds. Even since 1930 the tuberculosis rate has dropped from approximately 100 per 100,000 population to 60 per 100,000 population. In fact, California's tuberculosis death rate has never been as low as it is at the present time. It is believed that no state provides the high standards of care for the tuberculous in county institutions that California provides. The state subsidy of \$3 per week per patient to hospitals that maintain required standards is an important factor in the reduction of the morbidity and mortality rates for this disease. County tuberculosis hospitals that are subsidized compare favorably with private institutions, and California may well be proud of the outstanding results that have been achieved in the control of this disease.

Early in the present century Dr. Herman M. Biggs, the Director of the New York State Department of Public Health, said: "Public health is purchasable. Within natural limitations, any community can determine its own death rate." In so far as the control of preventable diseases is concerned, this statement is axiomatic and its soundness has been demonstrated repeatedly. Time has proved, however, that public health can not be purchased like an article of merchandise. The essence of public health is service, and any results that may be achieved in the advancement of public health are as dependent upon the cooperative spirit of the community as they are upon appropriation of funds for public health purposes. In some communities the provision of inordinate sums for public health has led the people to believe that the mere provision of money brings improved public health conditions. As a matter of fact, however, every community must work for its own public health. Unless it truly desires to develop its resources for community health, it can not expect to receive public health benefits merely through the provision of an army of public health workers. After all, the health of a community is no better than that of each individual who constitutes a unit of the population, and every individual must make an effort in the maintenance of his own personal health. Since the community is made up of individuals, it follows that each community must make an effort in the maintenance of its own community health. Subsidies and grants in aid, within certain limitations, are of great value, but if overdone there is danger

that the community may become lax in its own efforts to maintain its own public health.

Dr. Frank G. Boudreau, Director of the Milbank Memorial Fund, New York City, speaking on the subject of new health frontiers, said recently:

"Slowly, but surely and steadily, public health leaders are pushing ahead, exploring new territory, establishing new frontiers. Viewed at close range, the march of progress may appear to creep; to the impatient its movement is almost imperceptible. But progress must be slow under any form of popular government, for public education, on which progress depends, can not penetrate deeply if pushed ahead too rapidly. It must sink deep if it is to serve as a motive for action. In a democracy, a large majority of the people need to be convinced that a program is sound before its success can be assured. Public health work must be adapted to the genius of a people, the form of government which they have chosen, the prevailing social and economic conditions under which they live.

"It is therefore gratifying to the believer in democratic methods that the scope of public health in countries with popular forms of government has been slowly but steadily enlarged, a real triumph for patient study, slow education, and calm discussion. Leaders have dug out the facts, interpreted them, made them public. Programs have been built up slowly as a result of public discussion by the groups most concerned, each group making its contribution to the common good, each accepting duties and sacrifices in the public interest. It is obvious that a structure built up piece by piece, each tested in the fire of public discussion, may be long in rising but will be all the more solid and enduring.

"When public health work consisted largely of communicable disease control and sanitation, it was not necessary to look beyond the immediate horizon. Every nerve must be strained to control disease, provide pure water, abate nuisances. Now that there has come about such a remarkable shift in health problems, consideration must be given to the wider relationship of the new problems to life, to government, and to economic and social conditions generally.

"Public health leaders can no longer work in isolation. Now that their work impinges on so many other fields, they must appreciate that they form a part of a larger system, in which all of the individuals and groups concerned must play their part. For the success of this form of government demands the cooperation of all; it is based on social responsibility; the government is not required to shoulder the whole burden; the weight of that burden is borne by every man in proportion to his strength and his ability."

It would seem, therefore, that each community in the future, more than ever before, must determine its own public health needs and must provide the basic machinery for the provision of essentials in community health administration.



The development of facilities for public health education has been a tremendous factor in the demand for improved conditions in public health. It is important, however, that there be more than the creation of a demand. The general public should know exactly what must be done to raise public health standards in the individuals of the community, in order that they may not become public burdens. It is the function of the state to provide expert assistance in those counties where adequate health facilities are lacking. Because of insufficient funds, counties with low populations and low assessed valuations are not able to provide all of the public health facilities that are necessary. In those counties, the state does all that may be possible in raising public health standards to meet the average that prevails throughout California. In those counties where adequate funds are available locally it is the duty of each county to maintain its own machinery for the advancement of the health of its own people. Unless the load is distributed evenly, however, the public health of the state can not be maintained in uniform fashion. The state must continue to safeguard the health of the whole commonwealth by assisting those counties that are unable to maintain minimal standards in community health.

#### **RABIES CAUSES HUMAN DEATH**

An investigation was made during February of a suspected case of rabies in a cow. The animal had been ill five days and was unable to rise. Death followed and Negri bodies were demonstrated in the brain. In the past six months the owner had lost 7 cows, all of which suffered from the same symptoms.

A case of human rabies occurred in San Francisco and, because of the frequency with which rabies in animals has been reported, the State Board of Public Health during the month established a quarantine on all dogs and cats in San Francisco.

#### **MALARIA FROM VENEZUELA BY AIRPLANE**

The health officer of a California county was recently notified that a patient who had arrived by air from Venezuela had left Miami by air for California. The patient had been employed in Venezuela for six months. While there he developed fever, which an examination of blood smears in California revealed as closely resembling malaria. This man arrived in California from Venezuela in four days, which emphasizes the potential hazards to public health that are presented by airplane transportation.

#### **CONFERENCES ON ORTHOPEDIC NURSING**

The Public Health Nursing Service of the California State Department of Public Health has announced conferences on orthopedic nursing to be held in 11 cities of California during the period April 16 to May 14, 1940. These constitute one of a group organized for the purpose of refreshing public health nurses in standard public health procedures. Each conference will open at 9.45 a.m. for registration and the program will start daily at 9.45 a.m. Orthopedic surgeons have been invited to speak at each morning session and every afternoon discussions led by a representative of the State Public Health Nursing Service will cover the subject of nursing supervision of crippled children.

Bibliographies that provide standard references on orthopedic nursing may be obtained from the Public Health Nursing Service of this department at 305 State Building, San Francisco.

Following is a schedule of dates and places at which these conferences will be held:

*Tuesday, April 16*—Dunne Hall, Civic Auditorium, San Jose.

*Thursday, April 18*—Civic Auditorium, Fremont and Center streets, Stockton.

*Saturday, April 20*—Little Theater, High School, Santa Rosa.

*Monday, April 22*—Golden Eagle Hotel, Redding.

*Friday, April 26*—City Health Department, Auditorium, 101 Grove Street, San Francisco.

*Tuesday, April 30*—School Administration Building, 2348 Mariposa Street, Fresno.

*Wednesday, May 1*—Assembly Hall, West Wing, Kern General Hospital, 1800 Flower Street, Bakersfield.

*Friday, May 3*—Supervisors' Room, Court House, Santa Barbara.

*Wednesday, May 8*—Y. W. C. A., 105 East Fifth Street, Santa Ana.

*Friday, May 10*—Casa Del Rey Moro Cafe, Balboa Park, San Diego.

*Tuesday, May 14*—Room 115, State Building, Los Angeles.

#### **"MICKEY FINNS" BRING FINES**

Two druggists in Los Angeles were found guilty last month, of selling Mrs. Moffett's Shoo Fly Powders and were fined \$750. Another druggist was fined \$250 for selling Mrs. Murphy's Bar Fly Powders. Under these fanciful names these dangerous products were being sold to bartenders throughout the city and county of Los Angeles for the purpose of enabling them to rid their premises of undesirable customers. Bartenders and druggists involved in cases where croton oil was used for the same purposes will appear for sentence during March.



## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
March 23, 1940

## Chickenpox

373 cases: Alameda 6, Berkeley 3, Hayward 1, Oakland 35, Piedmont 5, San Leandro 3, El Cerrito 1, Richmond 8, Fresno County 3, Coalinga 1, Fresno 6, Selma 2, Kern County 9, Bakersfield 7, Taft 1, Kings County 3, Los Angeles County 28, Alhambra 10, Burbank 3, Claremont 10, Compton 2, Culver City 3, Glendale 1, Long Beach 26, Los Angeles 37, Pasadena 2, Redondo 1, San Fernando 1, San Gabriel 1, Santa Monica 2, Sierra Madre 1, South Pasadena 2, Lynwood 1, South Gate 2, Maywood 1, Bell 2, Merced County 2, Monterey 2, Napa 1, Huntington Beach 1, Seal Beach 4, Placer County 7, Riverside County 11, Riverside 10, Sacramento 11, Redlands 2, Upland 1, San Diego County 8, Escondido 1, San Diego 7, San Francisco 43, San Joaquin County 2, Lodi 1, Stockton 2, San Luis Obispo County 1, Burlingame 1, Santa Barbara County 3, Santa Barbara 3, Santa Maria 1, Santa Clara County 2, Palo Alto 1, San Jose 1, Redding 1, Solano County 1, Sonoma County 1, Tehama County 1, Red Bluff 1, Ventura County 1, Yolo County 8.

## Diphtheria

20 cases: Oakland 1, Fresno County 1, Calexico 1, Los Angeles County 2, Los Angeles 1, Napa 1, Anaheim 1, San Bernardino County 1, San Diego County 2, National City 1, San Diego 1, San Francisco 1, Stockton 1, San Mateo County 1, Sonoma County 1, Ventura County 2, Marysville 1.

## German Measles

21 cases: Alameda County 1, Berkeley 1, Oakland 1, Los Angeles County 2, Glendale 1, La Verne 1, Los Angeles 3, Pasadena 2, Lynwood 1, Orange County 3, San Diego County 1, San Diego 1, San Francisco 1, Tracy 1, San Mateo 1.

## Influenza

185 cases: Berkeley 10, Oakland 2, Los Angeles County 96, Azusa 1, El Monte 2, Glendale 2, Los Angeles 43, Monrovia 1, Pasadena 4, Redondo 1, San Gabriel 1, Santa Monica 1, South Gate 1, Bell 1, Sausalito 4, Sacramento 1, San Bernardino County 2, San Diego 1, San Francisco 2, San Jose 2, Sutter County 1, Corning 4, Davis 1, California 1.\*

## Measles.

402 cases: Alameda 1, Oakland 3, San Leandro 1, Placerville 1, Humboldt County 1, Imperial County 2, Calexico 1, El Centro 1, Imperial 2, Kern County 6, Bakersfield 10, Kings County 10, Corcoran 1, Los Angeles County 8, Alhambra 1, Compton 1, Glendale 1, Los Angeles 15, Pasadena 1, Bell 1, Merced County 1, Monterey County 4, Carmel 2, Pacific Grove 1, Santa Ana 4, Placer County 1, Sacramento 1, San Diego County 87, El Cajon 1, Escondido 50, National City 4, San Diego 106, San Francisco 1, San Joaquin County 32, Lodi 1, Stockton 4, Tracy 1, Paso Robles 2, Santa Maria 3, Santa Clara County 3, San Jose 1, Santa Cruz County 2, Santa Cruz 1, Siskiyou County 1, Tulare County 6, Exeter 1, Ventura County 1, Oxnard 2, Yolo County 8, Yuba County 2.

## Mumps

330 cases: Alameda County 4, Berkeley 5, Butte County 14, Placerville 1, Fresno County 21, Clovis 4, Fresno 1, Selma 3, Kern County 9, Bakersfield 2, Delano 1, Kings County 30, Los Angeles County 46, Burbank 5, Compton 1, Glendale 7, Long Beach 17, Los Angeles 11, Pasadena 2, Pomona 1, San Fernando 4, San Gabriel 1, Monterey Park 1, Merced County 1, Orange County 3, Anaheim 3, Fullerton 5, Huntington Beach 1, Indio 2, Sacramento 1, Ontario 1, San Diego 1, San Francisco 42, San Joaquin County 2, Manteca 4, Stockton 10, San Luis Obispo County 10, San Luis Obispo 1, San Mateo County 2, Burlingame 1, Redwood City 2, San Mateo 1, Santa Barbara County 1, Santa Clara County 10, Mountain View 4, Palo Alto 20, Santa Clara 1, Sutter County 3, Tulare 1, Yolo County 4, Marysville 2.

## Pneumonia (Lobar)

91 cases: Oakland 2, Butte County 1, Humboldt County 2, Kern County 1, Bakersfield 3, Susanville 1, Los Angeles County 16, Culver City 1, Glendale 4, Los Angeles 25, Pasadena 1, Pomona 1, Redondo 1, San Fernando 1, San Gabriel 1, Whittier 1, Plumas County 1, Riverside County 1, Banning 1, Riverside 2, San Jacinto 1, San Francisco 17, San Mateo County 3, San Mateo 1, Solano County 1, Yuba County 1.

## Scarlet Fever

144 cases: Berkeley 1, Oakland 5, San Leandro 1, Butte County 1, Colusa 1, Imperial County 1, Calipatria 1, Bakersfield 1, Los Angeles County 20, Burbank 1, Glendale 1, Hermosa 1, Huntington Park 1, Long Beach 1, Los Angeles 29, Monrovia 5, Pasadena 1, Pomona 1, Santa Monica 1, Whittier 1, Torrance 2, Bell 1, Merced 1, Calistoga 1, Orange County 2, Huntington Beach 1, Riverside County 8, Indio 1, Palm Springs 1, Sacramento 3, San Bernardino County 1, San Bernardino 1, San Diego County 1, San Diego 6, San Francisco 13, San Joaquin County 1, Lodi 3, Stockton 1, Paso Robles 1, San Mateo County

\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

1, San Bruno 1, South San Francisco 1, Menlo Park 1, Santa Barbara County 1, Santa Barbara 3, Santa Clara County 2, San Jose 1, Santa Clara 2, Sonoma County 2, Tehama County 1, Tulare County 1, Visalia 1, Ventura County 2.

## Smallpox

4 cases: Chico 1, Redondo 1, Merced County 1, Exeter 1.

## Typhoid Fever

3 cases: Alameda County 1, Beverly Hills 1, San Fernando 1.

## Whooping Cough

210 cases: Alameda County 1, Alameda 2, Berkeley 3, Oakland 1, Richmond 1, Fresno County 3, Fresno 2, Kern County 10, Delano 1, Los Angeles County 15, Compton 6, Huntington Park 1, Long Beach 2, Los Angeles 21, Montebello 1, Whittier 1, Bell 1, Madera County 1, Orange County 6, Anaheim 1, Santa Ana 3, Riverside County 15, Elsinore 1, Sacramento 6, San Bernardino County 2, Ontario 1, Redlands 3, San Bernardino 1, San Diego County 4, San Diego 4, San Francisco 12, San Joaquin County 1, Stockton 1, Tracy 3, Daly City 1, Santa Barbara County 6, Santa Barbara 2, Santa Clara County 10, Los Gatos 2, Palo Alto 6, San Jose 13, Santa Clara 4, Santa Cruz County 8, Sonoma County 3, Petaluma 1, Santa Rosa 2, Sutter County 7, Tulare County 1, Exeter 6, Marysville 1.

## Dysentery (Amoebic)

10 cases: Imperial County 3, Kern County 3, Delano 1, Montebello 1, Ontario 1, South San Francisco 1.

## Dysentery (Bacillary)

3 cases: Los Angeles 2, Sonoma County 1.

## Leprosy

One case: Los Angeles.

## Poliomyelitis

3 cases: Los Angeles County 1, Culver City 1, Los Angeles 1.

## Tetanus

2 cases: South Gate 1, Monterey County 1.

## Trachoma

8 cases: Butte County 4, Kings County 1, Tulare County 3.

## Hookworm

7 cases: Imperial County.

## Jaundice (Epidemic)

One case: Eureka.

## Food Poisoning

11 cases: Oakland 2, South Gate 4, Bell 2, Lodi 3.

## Undulant Fever

6 cases: Los Angeles County 1, Glendora 1, Whittier 1, Anaheim 1, Riverside 1, Shasta County 1.

## Septic Sore Throat

One case: Tulare.

## Epilepsy

44 cases: Oakland 8, Los Angeles County 3, Los Angeles 24, Manhattan 1, Pasadena 1, San Francisco 4, San Joaquin County 1, Sonoma County 2.

## Rabies (Animal)

5 cases: Fresno County 1, Los Angeles County 1, Madera County 1, San Diego County 1, San Mateo County 1.

The city of Palos Verdes Estates in Los Angeles County was incorporated January 3, 1940, and the administration of its public health affairs has been placed under the county health department, Dr. J. L. Pomeroy, county health officer.

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